

August 22, 2014

**Interim Infection Prevention and Control Guidance for Emergency Medical Services Personnel
Regarding Care and Transport of Patients with Suspected Ebola Virus Disease (EVD)**

Summary:

On August 1, 2014, the Centers for Disease Control and Prevention (CDC) released the “Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals”. Based on this information, **the infection control recommendations in this document pertain to emergency medical service personnel** and other healthcare workers and can be referenced at: <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>. These recommendations will be updated as more information becomes available.

Transport:

- When called to transport a person with fever (greater than 101.5F) **AND who** resided in or had travel history in the **last 21 days** to an area where EVD transmission is occurring. (see: <http://www.cdc.gov/vhf/ebola/resources/distribution-map-guinea-outbreak.html> for map), immediately implement the following infection control precautions:

- **Standard**
- **Contact**
- **Droplet**

That patient requiring infection control precautions may or may not have other symptoms such as the following: severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage

Personal Protective Equipment (PPE)

- When evaluating or transporting a patient with suspected or confirmed EVD (as above), the following minimum personal protective equipment (PPE) should be used:
 - **Gloves**
 - **Gown (fluid-resistant or impermeable)**



- **Eye protection (goggles or face shield)**
- **Facemask**
- **Refer to CDC Guidance regarding the “Sequence for Putting On and Removing Personal Protective Equipment (PPE) <http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf>**
- Additional PPE may be required in certain situations, including:
 - Presence of copious amounts of blood, other body fluids, vomit, or feces in the environment
 - In these cases, double gloving, disposable shoe covers, and leg coverings may also be required; a Tyvek body suit, although not essential, may be more practical and preferred to a gown and separate shoe covers in these situations
 - Consider ways to contain the patient’s infectious bodily fluids by use of emesis containers and sheets or barriers to collect large volumes of diarrhea.
- If performing intubation, nebulizer treatment, CPR, open suctioning or any other procedure that may result in the production of aerosolized body fluids, respiratory protection that is at least as protective as a NIOSH-certified, fit-tested, N95 filtering face piece respirator should be used.
- Any known unprotected exposure to infectious bodily fluids must be managed immediately and reported to your agency’ supervisor; an urgent healthcare evaluation is recommended.

Patient Care Equipment

- Dedicated medical equipment (preferably disposable) should be used for the provision of patient care.
- The CDC advises that when used according to the manufacturer’s instructions, Environmental Protection Agency (EPA)-registered disinfectants are sufficient to inactivate enveloped viruses such as Ebola virus (http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_hcf_03.pdf).

Patient Care Considerations

- Limit procedures to only those which are absolutely necessary prior to arrival at the hospital
- Avoid use of needles and other sharps in a moving vehicle; limit use of sharps as much as possible
- All needles and sharps should be handled with extreme care and disposed in puncture-proof, sealed containers
- Hand hygiene should be performed frequently, including before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves

Patient Transport into Hospital

- Movement of suspect EVD patients into hospital or healthcare facilities should be restricted to entrances away from public waiting areas
- Suspected EVD patients should not be moved through, or temporarily left in, waiting rooms

Environmental Infection Control

- Diligent environmental cleaning and disinfection and safe handling of potentially contaminated materials is paramount, as blood, sweat, emesis, feces, and other body secretions represent potentially infectious materials
- Use a 1:100 bleach dilution or an EPA approved disinfectant; be sure to note the required contact time of the product
- Persons performing environmental cleaning and disinfection should wear recommended PPE (described above)
- Follow standard procedures, per service policy and manufacturers' instructions, for cleaning and/ or disinfection of environmental surfaces and equipment, textiles and laundry.
(http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_hcf_03.pdf).
- Ensure that infectious waste is safely contained in clearly marked biohazard bags/containers and disposed of in compliance with regulations governing infectious medical waste.

Treatment

- Supportive care only
- No antivirals are currently available for treatment of EVD

Be sure to communicate with the hospital well in advance of arrival so they can properly prepare a room and their staff.

Questions

For questions regarding these guidelines or other recommendations specific to EVD, contact the Georgia Department of Public Health, State Medical Epidemiologist at 404-657-2588 or after hours, call 866-PUB-HLTH.

Reporting

Physicians are required to contact DPH (404-657-2588, or after-hours 1-866-PUB-HLTH) as soon as EVD or any other hemorrhagic fever virus infection is reasonably suspected. This is an evolving situation and recommendations may change as new information becomes available. Updated information and guidance are available from the CDC at <http://www.cdc.gov/vhf/ebola/>.